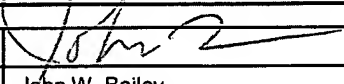


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | | |
|---|------|---------------------------------|------------------------|---------------|
| <p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2008</h3> | | <p>Complete if Known</p> | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/560,239-Conf. #1480 | |
| | | Filing Date | December 12, 2005 | |
| | | First Named Inventor | Kazuhiro YOSHINO | |
| | | Examiner Name | P. R. Wiest | |
| | | Art Unit | 3761 | |
| TOTAL AMOUNT OF PAYMENT | (\$) | 1,050.00 | Attorney Docket No. | 1422-0703PUS1 |

| | |
|--|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |

| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------|---|--------------------------------|----------------------------------|------------------|-----------------------|----------------------|---------------------|-----------------|----------------------|----------------------------------|-----------------|----------------------|---|---|---|---|---|--|--|--|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | | | | | | | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) | | | | | | | | | | | | | | |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | | | | | | | | | | | | | | | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | | | | | | | | | | | | | | | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | | | | | | | | | | | | | | | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | | | | | | | | | | | | | | | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | | | | | | | | | | | | | | | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | |
| 2. EXCESS CLAIM FEES | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Small Entity | | | | | | | | | | | | | | |
| | | | | | | | Fee (\$) | | | | | | | | | | | | | | |
| Each claim over 20 (including Reissues) | | | | | | | 50 | | | | | | | | | | | | | | |
| Each independent claim over 3 (including Reissues) | | | | | | | 210 | | | | | | | | | | | | | | |
| Multiple dependent claims | | | | | | | 370 | | | | | | | | | | | | | | |
| | | | | | | | 185 | | | | | | | | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td><u>Total Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> <td><u>Multiple Dependent Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>6</td> <td>-</td> <td>=</td> <td>x</td> <td>=</td> <td></td> <td></td> </tr> </table> | | | | | | | <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | 6 | - | = | x | = | | | |
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | | | | | | | | | | | | | |
| 6 | - | = | x | = | | | | | | | | | | | | | | | | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | | | | | | | | | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td><u>Indep. Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>1</td> <td>-</td> <td>=</td> <td>x</td> </tr> </table> | | | | | | | <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | 1 | - | = | x | | | | | | | |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | | | | | | | | | | | | | | | | |
| 1 | - | = | x | | | | | | | | | | | | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | | | | | | | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | | | | | | | | | | | | |
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | | | | | | | | | | | | | | | |
| | - 100 = | /50 = | (round up to a whole number) x | = | | | | | | | | | | | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | | | | | | | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | | | | | | | | | | | | | |
| Other (e.g., late filing surcharge): <u>1253 Extension for response within third month</u> | | | | | | | 1,050.00 | | | | | | | | | | | | | | |

| | | | |
|---------------------|---|-----------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature |  | Registration No. (Attorney/Agent) | 32,881 |
| Name (Print/Type) | John W. Bailey | Telephone | (703) 205-8000 |
| | | Date | June 12, 2008 |